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CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

Purpose for forwarding information:

Two horizontal lines for writing the purpose of forwarding information.

Name and address to whom information is being disclosed to:

Company Name (if applicable) \_\_\_\_\_

Individual Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Duration of Consent: \_\_\_\_\_ to \_\_\_\_\_

I, \_\_\_\_\_, authorize Kelly's Tax Service to disclose to the above my \_\_\_\_\_.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_